

PRINTED: 01/20/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL060042

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

11/20/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE WEDDINGTON PARK

2404 PLANTATION CENTER DRIVE

MATTHEWS, NC 28105

(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
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TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

C 000

Initial Comments

C 000

Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on November 20, 2014.

Records indicate that this facility was either first licensed or submitted for licensure on August 18, 1998 for 83 residents. Based on this information we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/98 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I.

Physical plant deficiencies were noted which require a plan of correction.

CONSTRUCTION SECTION

FEB 02 2015

RECEIVED

C 101

Existing Licensed Fac- No less than '71 Rules

C 101

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0301 APPLICATION OF
PHYSICAL PLANT REQUIREMENTS

The physical plant requirements for each adult care home shall be applied as follows:
(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

GGJ121

If continuation sheet 1 of 5

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C 101	Continued From page 1 This Rule is not met as evidenced by: 1. Based on observation, the building failed to meet NC State Building Code at the time of initial Licensing by not having properly working delayed egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on November 20, 2014: a. The delayed egress doors do not have the required signage saying, "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS" at the following locations: i. "D" Hall exit, ii. "A" Hall exit, iii. "C" Hall exit,	C 101	1A - SIGN WILL BE ORDERED AND INSTALLED WHEN THEY COME IN.	12-12-14
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		
	This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect all residents, staff and visitors if someone becomes trapped inside. Findings on November 20, 2014:			

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C 189	Continued From page 2 a. The following exit doors have doubled cylinder dead bolts in addition to panic bar hardware. i. "D" Hall exit, ii. "A" Hall exit, iii. "C" Hall exit, iv. Large Living Room, near marking/sales, v. Life Enrichment. b. The Pantry door was locked from the kitchen side with a hasp device and padlock, 2. Based on observations, the Building was not maintained in a safe manner because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 20 2014: a. The fire sprinkler escutcheon plate for the fire sprinkler head did not cover the openings through the fire-resistance-rated ceilings, in the following locations to include but not limited to: i. In the Business Office, ii. Left entrance at window, b. The fire sprinkler escutcheon plate had dislodged from the ceiling in the following locations to include but not limited to: i. Corridor at Bedroom A-5, ii. Corridor on C Hall at Mechanic Room, iii. Corridor on C Hall at Clean Linen. iv. Bedroom D-22 v. Bedroom D-25 vi. Bedroom D-16 c. The fire sprinkler escutcheon plate for the fire sprinkler head was missing and thus not cover the openings through the fire-resistance-rated ceilings, in the following locations to include but not limited to: i. Bedroom D-20 Closet, d. The ceiling in the Med Room had a 3/4 inch	C 189	1A- DEAD BOLTS WILL BE REPLACED WITH BLANK ROUND PLATES. 1B- PANTRY HASP WILL BE REMOVED. 2A- WILL REPAIR ESCUTCHEON PLATES WITH DRYWALL MUD TO COMPLETE SEAL 2B- WILL MAKE SURE ALL ESCUTCHEON PLATES ARE FLUSH TO CEILING 2C- WILL PUT ON NEW ESCUTCHEON PLATE COVER 2D- WILL FIX HOLE NEAR CEILING FAN WITH CEILING TILE	11-21-14 12-12-14 2-20-15 2-20-15 2-20-15 2-16-15

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C 189	Continued From page 3 hole through it, e. The ceiling in the Time Clock Room had a 1/4 inch hole/gap around a cable penetration, f. The smoke barrier wall in the attic had two, two by two inch holes through the smoke barrier near Bedroom C-41 g. In Basement, a four-inch PVC pipe penetrates the one-hour fire-resistance-rated column enclosure. In addition, there is a 1 1/2-inch hole at this pipe. h. In Basement, there was a 1/2 to 1-inch gap around the sprinkler drainpipe as it exited the one-hour fire-resistance-rated column enclosure. i. In Basement, the walls and the one-hour fire-resistance-rated ceiling did not meet, leaving an open joint to the floor construction above. j. In the attic, the draft stop over the D-Hall Spa had a 4 inch x4 inch hole with a 2 inch PVC pipe running through it not properly sealed. k. In the attic, the draft stop over the Offices had a sprinkler pipe running through it not properly sealed. l. In the attic, the draft stop over the Health Care Coordinator Office had multiple cable penetrations not sealed properly. m. In the attic, the draft stop over the Health Care Coordinator Office was deteriorating with its joint compound and tape falling off exposing gaps that could not stop fire or smoke. n. The C-Hall Mechanical Room near the Linen Closet had a PVC pipe through the ceiling with a fallen fire collar not properly sealing that penetration.	C 189	2E - HOLE IN CEILING WILL BE FILLD WITH FIRE CAULK. 2F - WILL REPAIR 2 HOLES WITH FIRE CAULK 2G, H, AND I - WILL BE REMODELING BASEMENT AND WILL MAKE ALL REPAIRS AT THAT TIME. 2J - WILL FIX HOLE AND MAKE SURE IT'S SEALED CORRECTLY 2K - WILL FIX HOLE WITH FIRE CAULK 2L - WILL FIX HOLE WITH FIRE CAULK 2M - WILL REMOVE JOINT TAPE AND WILL CAULK ALL JOINTS TO COMPLETE SEAL 2N - WILL RECONNECT FIRE COLLAR TO CEILING TO COMPLETE SEAL	2-5-15 2-18-15 3-30-15 2-18-15 2-18-15 3-13-15 2-6-15
	3. Based on observation, the building was not maintained in a safe manner by having fire rated doors in the firewall/smoke barrier that did not close completely in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment			

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C 189	Continued From page 4 of origin. Findings on November 20 2014: a. The left leaf of the cross-corridor firewall fire doors on the D Hall did not latch when activated by the fire alarm system, b. The front leaf of the cross-corridor smoke barrier doors leading to the A and D Halls from the Lobby did not latch when closed by activation of the fire alarm system, c. The panic bar hardware on the back leaf of the cross-corridor smoke barrier doors leading to the A and D Halls from the Lobby was hard to work and the latch plate was very loose. d. The corridor door assembly to the C Hall Clean Linen had a 1/4 inch gap between the top edge of the door and the bottom of the doorframe's stop. e. The corridor door assembly to the C Hall Men's Room had a 1/2 inch gap between the top edge of the door and the bottom of the doorframe's stop, f. The C-Hall Mechanical Room near the Linen Closet had a door knob/lever that did not cover the opening though the door thus, not fire and smoke tight. g. The back leaf of the cross-corridor fire doors on the 200 Hall had a broken view window. 4. Based on observation, the Building was not maintained in a safe manner by blocking corridor doors open and preventing the doors from closing rapidly in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin.	C 189	<p>3A - TIGHTEN PLATE TO DOOR JAMB TO MAKE SURE DOOR CATCHES.</p> <p>3B - WILL ADJUST DOOR SO IT WILL LATCH CORRECTLY</p> <p>3C - WILL CHECK WORKING OF DOOR HARDWARE AND TIGHTEN LATCH PLATE</p> <p>3D - WILL ADJUST DOOR TO SEAL CORRECTLY</p> <p>3E - WILL ADJUST DOOR TO SEAL CORRECTLY</p> <p>3F - PUT ON NEW COVER PLATE TO SEAL DOOR HANDLE</p> <p>3G - ALL FIRE DOORS HAVE BEEN CHECKED AND I DID NOT FIND ANY BROKEN GLASS.</p>	<p>1-28-15</p> <p>2-10-15</p> <p>1-28-15</p> <p>12-18-14</p> <p>2-6-15</p> <p>12-18-14</p> <p>1-28-15</p>
	Findings on November 20 2014: a. Corridor door to the Bedroom D-17 was propped open with a trash can, b. Corridor door to the Rehabilitation/Service was wedged open,		<p>4A - WILL TRAIN STAFF TO NOT PROP OPEN DOORS.</p> <p>4B - COULD NOT FIND WEDGE AT REHAB DOOR. WILL TRAIN STAFF NOT TO PROP OPEN DOORS</p>	<p>2-11-15</p> <p>2-11-15</p>

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C 189

Continued From page 5

C 189

c. The corridor door to the left side Small Dining room was missing its latch bolt.

HC WILL REPLACE MISSING
LATCH BOLT

2-20-15

5. Based on Observation, the Building was not maintained in a safe manner by having fire rated doors that separate areas, defined as hazardous by the 1996 NC State Building Code, which did not close completely in order to contain smoke and fire. This could affect all residents, staff and visitors by not containing smoke and fire in Room or fire compartment of origin.

Findings on November 20 2014:

a. The self-closing corridor door to the Bulk Laundry, did not close on its own power and latch,

- 5A - ADJUST DOOR TO CLOSE
CORRECTLY

12-15-14

6. Based on observation, the Building failed to maintain in a proper safe operating manner the electrical power system. This would affect all staff, by allowing unsafe conditions to persist. Findings on November 20 2014:

a. In the Electrical Room near Bedroom B-48, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space which extends three feet in front of the panels.

b. The exterior equipment electrical disconnect devices did not have interior covers (dead front) and are unsecured thus allowing access by unqualified persons to live parts that are not guarded against accidental contact.

6A - CLEANED OUT ELECTRICAL
ROOM, WILL CHECK ROOM
WEEKLY FOR ANY ITEMS.

11-21-14

6B - WILL PUT ZIP TIES
ON ALL OUTDOOR DISCONNECT
COVERS.

2-5-15

7. Based on observation, the Building failed to maintain in a proper safe operating manner the Fire Alarm system. This would affect all staff, by allowing unsafe conditions to persist. Findings on November 20 2014:

a. The sampling tubes for the duct-mounted smoke detector in the C-Hall Mechanical Room near the Linen Closet were dirty and my not

7A - WILL CLEAN SAMPLING
TUBE, WILL DO MONTHLY
ON SAMPLING TUBES.

2-10-15

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C 189	Continued From page 6 function properly when needed. 8. Based on Observation, the Building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 20, 2014: a. Two portable medical oxygen cylinders were stored standing up not secured to the structure in the left Bedroom of B-32. 9. Based on observation, the Building was not maintain in an operating manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors if the egress pathways were not illuminated in an emergency. Findings on November 20, 2014: a. The D Hall Exterior emergency light did not work on backup power when the test button was pushed, b. The wall-mounted emergency light did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. Activity Room, ii. Storage Room. 10. Based on observation, the Building failed to maintain in an operating manner the emergency illumination of the exit signs. This would affect all residents, staff and visitors, by causing difficulty in seeing how where the exits signs are during an emergency. Findings on November 20, 2014: a. The exit sign did not work on backup power when the test button was pushed in the following locations to include but not limited to: i. D Hall firewall front side,	C 189	8A-OXYGEN TANK WILL BE STORED IN HOLDER. RA'S AND MED TEAMS WILL CHECK ON THIS DAILY 9A-OUTSIDE EXIT WILL BE REPLACED, AND WILL DO MONTHLY TEST. 9B(i) THERE IS NO WALLMOUNT EMERGENCY LIGHT IN ACTIVITY ROOM. (ii) BASEMENT STORAGE ROOM EXIT LIGHT WILL BE REPLACED WITH BASEMENT REMODEL 10A-EXIT SIGN WILL BE REPLACED. WILL DO MONTHLY CHECKS.	11-21-14 12-18-14 3-31-15 12-18-14

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STATE FORM

4420

GGJ121

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C 189	Continued From page 7 11. Based on observation, the facility failed to insure that the commercial kitchen hood's fire suppression system is inspected and certified as working properly. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate when needed. Findings on November 20, 2014: a. Since the annual recertification of the commercial kitchen hood's fire suppression system in July, the monthly inspections have not been documented. 12. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have required safety device. This would affect all staff and some visitors by not protecting them from unexpected scalding hot water. Findings: on November 20, 2014 a. The water heater in the basement was missing their pressure relief valve pipe extension. b. The boiler in the basement was missing their pressure relief valve pipe extension.	C 189	11A- KITCHEN HOOD IS INSPECTED MONTHLY. REPORT IS IN MAINTENANCE TRUH LOG BOOK. 12A- PIPE WILL BE MADE LONGER TO MEET CODE 12B- PIPE WILL BE MADE LONGER TO MEET CODE	1-28-15 2-9-15 2-9-15	